RACE TYPE	
HARNESS	
QUARTERHORSE	
THOROUGHBRED	

2015 License Year

ILLINOIS RACING BOARD

Suite 5-700
James R. Thompson Center
Chicago, Illinois 60601

(The application fee is **NOT** refundable) Horse Racing Act, Section 15. Disclosure of this information is REQUIRED. Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.

LICENSE APPLICATION FORM

Drivers License	
LIC#:	
STATE:	
VEHICLE INFORMATION	
MAKE:	
PLATE #:	
	NEW APPLICANT
	RENEWAL

Illinois Racing Board *Suite 5-700* *J. R. T.C.* *Chicago, Il 60601*	ARLINGTON PARK 2200 W. EUCLID ARLINGTON HTS, IL 60006 847-255-4300 X7616 847-483-9874 FAX	BALMORAL PARK 26435 S. DIXIE HWY CRETE, IL 60417 708-672-1414 X 213 708-672-4208 FAX	FAIRMOUNT PARK 9301 COLLINSVILLE RD. COLLINSVILLE, IL 62234 618-345-4300 X 143 618-346-5185 FAX	HAWTHORNE RACE COURSE 3501 S. LARAMIE CICERO, IL 60804 708-780-3700 X 3741 708-652-1097 FAX	MAYWOOD PARK 8600 W. NORTH AVE. MELROSE PARK, IL 60160 708-343-4800 X 297 708-681-1864 FAX

$25 FEE EACH BOX CHECKED — **MAIL FEE with APPLICATION to the track in which you will participate**

	OWNER		TRAINER		VETERINARIAN		OFF TRACK STABLE		PONY PERSON		RACETRACK EMPLOYEE
	OWNER - TRAINER		ASST TRAINER		VETERINARIAN ASST		VENDOR		EXERCISE PERSON		INTERTRACK EMPLOYEE
	OWNER - TRAINER DRIVER		JOCKEY				VENDER HELPER		FOREMAN		RACING OFFICIAL
			APPR JOCKEY		BLACKSMITH FARRIER		AUTHORIZED AGENT		HOTWALKER		
	DRIVER		JOCKEY AGENT		APPRENTICE BLACKSMITH		BUSINESS AGENT		GROOM		

1. Last	M	First	MAIDEN NAME:	2. Social Security Number:
Name:				

3. ADDRESS (MAILING)			16. MARITAL STATUS	MARRIED / SINGLE
(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)			17. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:	
4. TELEPHONE (HOME)	BUSINESS:		18. SPOUSE'S FULL NAME:	
	FAX:		19. ALIEN STATUS (CHECK ONE)	USA CITIZEN
MOBILE-CELL:	E-MAIL:		USA NATURALIZED CITIZEN (ID #)	
			PERMANENT RESIDENT (ID #)	EXP:
5. DATE OF BIRTH: / 6. SEX: / 7. HEIGHT: / 8. WEIGHT: / 9. HAIR:			TEMPORARY RESIDENT (PERMIT #)	
			20. IN CASE OF AN EMERGENCY, CONTACT:	
10. EYES:	11. SCARS, MARKS, TATTOOS:	12. COUNTRY OR STATE OF BIRTH:	NAME:	PHONE:

13. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:	21. HARNESS ONLY: U.S.T.A. ID NUMBER:
YEAR / POSITION / EMPLOYER	
	22. VENDOR'S FEDERAL TAX NUMBER:
	23. VETERINARIAN'S IL D.P.R. NUMBER: EXPIRATION DATE:
	24. OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED:
14. YOUR TRAINER'S NAME:	
15. NAME YOU WISH TO RACE UNDER. LIST STABLES AND PARTNERSHIPS UNDER WHICH YOU ARE RACING:	

	ID Check		SO Check	License Number:	License Clerk:
FOR IRB USE ONLY				Date:	Track:

NAME:	IF YOU ANSWERED "YES" TO QUESTIONS 25 THRU 30, GIVE THE YEAR, STATE, OFFENSE & DISPOSITION, OR OTHER INFORMATION BELOW:

25. HAVE YOU EVER HAD **ANY** LICENSE, OF **ANY** TYPE DENIED, SUSPENDED OR REVOKED BY **ANY** FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM **ANY** RACETRACK BY A RACING ASSOCIATION OFFICIAL?	☐ YES	☐ NO
26. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR **ANY** CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING ***DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?***	☐ YES	☐ NO
27. ARE YOU NOW UNDER CHARGES FOR **ANY** CRIMINAL OFFENSE INCLUDING ***DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?***	☐ YES	☐ NO
28. HAVE YOU EVER BEEN THE SUBJECT OF **ANY** RULE VIOLATION IN **ANY** RACING JURISDICTION WHERE YOU WERE FINED MORE THAN $250.00 OR JOCKEY'S ONLY: SUSPENDED FOR RIDING VIOLATIONS OF 9 DAYS OR MORE?	☐ YES	☐ NO
29. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT?	☐ YES	☐ NO
30. HAVE YOU EVER BEEN LICENSED IN **ANY** STATE UNDER A DIFFERENT NAME?	☐ Yes	☐ No

ATTACH ADDITIONAL SHEET IF NEEDED

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD (11 ILLINOIS ADMINISTRATIVE CODE 210.10).

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS, I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND BY THEM.

IMPORTANT

THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED.

X APPLICANT'S SIGNATURE	X DATE	
X TRAINER'S SIGNATURE	X TRAINER'S NAME (PRINT) NOT REQUIRED FOR OWNERS	X DATE
X STATE VETERINARIAN	X TRACK MANAGEMENT	X OUTRIDER

DENIED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE DENIED FOR THE YEAR **2015**:

X STATE STEWARD	X STATE STEWARD	X ASSOCIATION STEWARD

APPROVED

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE APPROVED FOR THE YEAR **2015**:

X STATE STEWARD	X STATE STEWARD	X ASSOCIATION STEWARD